


Trumbull
REPUBLICAN
TOWN COMMITTEE

Individual Contributor Certification Form

NAME OF INDIVIDUAL CONTRIBUTOR			CONTRIBUTION AMOUNT		
Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/>					
Is contribution being made from the account of a sole proprietorship?		If yes, and name is different than individual contributor, list NAME OF SOLE PROPRIETORSHIP			
Yes <input type="checkbox"/> No <input type="checkbox"/>					
RESIDENTIAL ADDRESS*			PHONE NUMBER		
CITY		STATE	ZIP CODE	Are you 18 or older?	
				Yes <input type="checkbox"/> No <input type="checkbox"/> If you are not 18 or older please list your age: _____	
EMPLOYER			PRINCIPAL OCCUPATION		
Please review the definitions on the reverse of this form and answer each of the following:					
Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a communicator lobbyist?***			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you the spouse or dependent child of a communicator lobbyist? If yes, are you an elected public official? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a principal of a state contractor or prospective state contractor? If yes, please indicate which branch or branches of government the contract(s) is with: Legislative <input type="checkbox"/> Executive <input type="checkbox"/>			
Yes <input type="checkbox"/> No <input type="checkbox"/>		If you answered "yes" to the previous question, are you an elected public official?			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a principal of a holder of a valid prequalification issued by the Commissioner of Administrative Services?			
CERTIFICATION					
<p>I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.</p>					
SIGNATURE OF CONTRIBUTOR _____				DATE (mm/dd/yyyy) _____	

If paying by Credit/Debit Card, please provide the following information:

Name on Card _____ Amount to charge \$ _____

Type of Card: AmEX MC Visa Discover Signature of Card Holder _____

Credit Card Info: _____

Credit card # (Business cards cannot be accepted) Exp. date Security code Billing Zip code